

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009538

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1820

STATE FILE NUMBER

FILED FEB 28 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

St. Louis

Length of stay in 1b

16 hours

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY

OR  
TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

Christian Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

ADDRESS

1935 Sullivan Ave.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

Genevieve

Middle

Twellmann

Last

4. DATE OF DEATH

Month Day Year

February 17, 1963

## 5. SEX

female

## 6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7-23-1892

## 9. AGE (last birthday)

70

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

at home

## 11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

William Walsh

## 13b. MOTHER'S MAIDEN NAME

Mary Cavanagh

## 14. NAME OF HUSBAND OR WIFE

George Twellmann

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of)

Yes 1st World War

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Mrs. James McMurtry, 8449 Betty Lee

## 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY.)

## IMMEDIATE CAUSE (a)

Circumstances of the death

## INTERVAL BETWEEN ONSET AND DEATH

1 year +

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

5810

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerosis Heart Disease

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from April, 1962 to Feb 17, 1963 and last saw her alive on Feb 16, 1963

Death occurred at 7:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Dr. A. F. F. M.D.

## 22b. ADDRESS

302 Northland Med Bldg.

## 22c. DATE SIGNED

2/19/63

## 23. BURIAL, CREMATION, REMOVAL (Specify)

removal

## 23b. DATE

2-20-63

## 23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

## 23d. LOCATION (City, town, or county)

Jefferson Barracks, Missouri.

## 24. FUNERAL DIRECTOR

Math Hermann and Son, Inc. 2161 E. Fair

## ADDRESS

St. Louis 7, Missouri

## 25. DATE RECD. BY LOCAL REG.

FEB 19 1963

## 26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

2

VS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Julius R Brown*

Licensed Embalmer No.

*5146*

P. O. Address

*St Louis Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.